## **JACLaS EXPO 2015**

## **Exhibitor Application Form**

**Japanese Association of Clinical Laboratory Systems** 

Application date:

We apply to exhibit in the JACLaS Expo 2015.

We agree to observe the application and any other requirements of JACLaS.

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Exhibiting co	ompany	name																			
Person resp	onsible	for exh	bit																		
Dept./Sect.				Position																	
E-mail				Name																	
Contact per	son (Co	ntact fo	r Exhibit	tion Office, perso	on to whom i	nvoices	should b	oe sent)													
Dept./Sect.					Position																
E-mail					Name																
Address	Zip																				
TEL			•		FAX																
Application details     (For form completion procedure refer to Outline of Expo and Important Points for Prospective Exhibitors)  Booth requirements																					
Booth requirement					When 4	or mo	re booth	spaces o	f B type												
Booth space  Exhibition charge								e desired	• •												
		Type		Booth space(s)	[Desired	size]		m x	m												
				(Incl. tax) x		Booths	;														
		Exhibition charge:						(Inc	l. tax)												
Decorated height		☐ Decorated height of 6 m needed (20 B type booth spaces or more)																			
Waiting room			☐ Waiting room needed ☐				Waiting	room not n	eeded												
3. Major it	ems to	be ex	hibited	l																	
Send applications to: (E-mail) info@jclas.org.jp < Deadline: April 24 201																					
Confirmed receipt of exhibition fee makes application official Invoices sent from end of April onwards								Remarks													
*For inquiries*  JACLaS EXPO 2015 Exhibition Office  Japanese Association of Clinical Laboratory Systems.  6th Fl. Y.U. Bldg., Hongo 3–19–6, Bunkyo–ku, Tokyo 113–0033, Japan																					
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